DOCUMENT RESUME

ED 150 468 CG 012 126

AUTHOR Danic, Jerry J.
TITLE You Can Force People into Treatment and Have Good Results.
PUB DATE Jul 77
NOTE 17p.; Paper presented at the Annual Conference on Alcohol and Drug Dependencies (12th, Winnepeg, Manitoba, CANADA, July, 10-15, 1977). Not available in hard copy due to marginal legibility

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS *Alcoholism; *Behavior Problems; Drinking; *Drug Addiction; *Identification; Life Style; *Motivation Techniques; Patients (Persons); Program Descriptions; Socially Deviant Behavior; *Therapy; Values

ABSTRACT

In the treatment of addiction, the problem of motivating people into some form of treatment is sometimes the most difficult part of the process. In this paper, two forms of motivation into treatment are discussed. In the first, the person is treated like a child and someone, acting as the parent, forces the person into beginning the therapy process. In the second, the things the person values are used to motivate him into treatment. Successful treatment depends on early identification of the problem, both because the hold the drug has on the person is not as great, and because the other values the person has are relatively more important than the drug itself. The paper concludes by exploring two myths which tend to prevent more successful programs from being used. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED150468

YOU CAN FORCE PEOPLE INTO TREATMENT AND HAVE GOOD RESULTS

BEST COPY AVAILABLE

By: Jerry J. Danic
Addiction Research Foundation
of Ontario
Sarnia Office

Presented at:

Futuraction '77

July 10th-15th, 1977

Winnipeg, Manitoba

CG 012126

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Jerry Danic

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

YOU CAN FORCE PEOPLE INTO TREATMENT

AND HAVE GOOD RESULTS

Summary:

In the treatment of addiction, the general problem of motivating people into some form of treatment is sometimes the most difficult part of the treatment process. Usually, once the person has started treatment, then it is up to the therapist to motivate the person into making changes from addicting life styles (damaging to the person's well being) into non-addicting life styles. A skillful therapist or counsellor, or a correct treatment program, can provide the needed means whereby the person is assisted in making satisfactory changes in their behaviour.

Two forms of motivation into treatment are discussed. The first, where the person is treated like a child and someone (acting as the parent) forces the person into the beginning of the therapy process This actually works in the majority of cases, since the addicted person is somewhat child-like in their dependency and in their behaviour.

In the second type of motivation, the things the person values are used to motivate the person into treatment. To understand this we need to look at the values that a person has as addiction progresses. When the addicted person is threatened with the loss of one of the things they value, then change becomes possible.

Successful treatment depends on early identification of the problem, both from the standpoint that the hold the drug has on the person is not as great, but also, that the other values the person has are relatively more important than the drug itself.

Finally, two myths are explored which tend to prevent more successful programs from being used. The first is the myth that "unless a person is ready for treatment, they won't respond to help". The second, which is really related, is that "the person has to hit the bottom before they can or will start to get better".

YOU CAN FORCE PEOPLE INTO TREATMENT AND HAVE GOOD RESULTS

Introduction

There seems to be a general feeling in therapy that in order to benefit from the therapeutic process, a person has to willingly and freely choose treatment. Thus, if the person is forced into treatment, it is usually believed that they will not respond and be motivated to making healthier changes.

This is somewhat like the saying "You can lead a horse to water, but, you can't make him drink". I call that belief a misconception or a half truth. While it is true that the horse must do the drinking, there are ways of motivating even horses to respond to our wishes. For instance, if I lead the horse to water, then put a handful of salt up to his mouth, the horse will probably lick the salt and then, being thirsty, will drink the water. The second thing I could do would be to keep the horse away from water for three or four days and then lead him to the water. I'm almost sure, the horse will drink under those conditions.

People also can be motivated into doing things that either they don't want to do or are good for them in some way. Since people are capable of thinking, communicating and rationalizing, it is possible to motivate them simply by the choice of words the therapist uses. Also, we can use forms of power as weapons to manipulate people into doing what is good for them.

I have found in my practice (mainly working with people who are addicted or could easily become addicted) that they can be forced into treatment and have good results. In fact, I credit much of our success in working with people to a theoretical framework which presupposes that the addicted person prefers their addiction, and that to get them to change involves some kind of force or coercion or motivation. Then, as the person becomes free of their addiction and starts to experience the value of natural living, they tend to stay straight and do so pretty much so on their own, without too much help from us.

Addicted people sometimes act like children who have some pleasure they don't want to give up (like candy or TV). They are unable to look at the long term consequence of their addiction, and so short term pleasure comes first.

They may not be aware that their form of addiction is hurting them, or even if they are aware, they may not have the personal strength to give up their addiction. In that case, a non-addicted person can take over control, act as a parent or authority figure and treat the addicted person as a child. The parent or parent figure then forces the addicted person into some beginning form of treatment or therapy.

At that point, it is up to the therapist to assume control and provide the motivation that the person needs in order to stay in therapy and even respond to the treatment process.

I'll give some examples of how this has happened in my life and in my treatment practice and then tie the examples into somewhat of a theoretical framework.

I believe in roughly two kinds of force or coercion. First, when the authority figure assumes command and orders or forces the person to see a therapist and second, when the addicted person is threatened with the loss of something they value and unless they accept some form of treatment and actu ally make some progress, the threat is carried out.

1) Force Without Choice

An example of forcing someone to do something they didn't want to do, happened one Saturday morning in June with my five year old son, Stephen.

It was about 9:00 a.m. and Stephen had his favorite TV programs on (mostly cartoons). My wife and I decided to go to our cottage to do some raking and cleaning up, so I asked Steve to shut off the TV and get into the car. His immediate reaction was No. I repeated my request that we needed to get some work done and that everyone was going to be at the cottage, so he had to go along with us, again asking him to shut off the TV. This time he was more emphatic, saying his favorite shows were on and he was going to stay and watch TV and we could go without him.

At that point, I simply walked over to the TV, shut it off, grabbed him by the arm and said "let's go'. I encountered some resistance, so I dragged him a few steps until he realized I meant business. At that point he started moving by himself to the car and no further force was necessary. At the cottage he had a great time, and we got the work done we set out to do.

As a parent, I had to assume a position of authority and take control, forcing my son to give up his addiction (watching TV). When he found I meant business, he stopped arguing and went along.

The same kind of thing happens in my office and I'll illustrate again by an example.

A woman in her thirties called up and told me her mother and father were both addicted to sleeping pills (barbiturates), and asked what could be done to help them. I suggested she bring her parents in to the office. She said she had already tried talking them into coming, but had had no success. (At that point her father was already in the hospital and it was only her mother that she was trying to bring in.)

I suggested to her that she take a very dominant role with her mother and tell her mother that she had no choice and would have to come in to see me whether she wanted to or not. Also that, if necessary, she should get her brothers and sisters to help and even carry her in if they had to. She didn't think it would work, but agreed to trying it.

Within a couple of hours she arrived at our office with her mother in tow. In this case, a very frightened looking, 95 lb woman, much smaller than her daughter. It soon became apparent from answers they gave me that the mother needed to be hospitalized immediately, both from her physical appearance and the fact that she was taking so many sleep ing pills daily that she was in danger of serious damage to her health.

I visited both of the parents while they were in the hospital and both agreed to coming into my office for treatment following their withdrawal from sleeping pills, which was done under medical supervision in the hospital.

Both responded beautifully to the therapy in my office and after four visits were still not using any drugs. A check two years later showed that they were still free of drug use and were enjoying life.

I have had a number of cases where teenagers have been forced by parents (at my suggestion) to come into our office for treatment and have responded positively in most cases. In the one case where the girl was brought in but refused to admit she had any problem with drugs, her behaviour at home improved even though she did not enter any treatment program. When she found out her parents would not tolerate drug use, she simply gave up (at least it looked that way to the parents) her former drug use.

Sometimes people don't respond to treatment when it is first offered to them, but they are forced to going to jail for a period of time. I had one girl who while addicted to amphetamines (speed) had to spend six months in jail and while in jail overcame her addiction. After her release from jail, she came in for additional help to give her strength she needed to stay off the drugs.

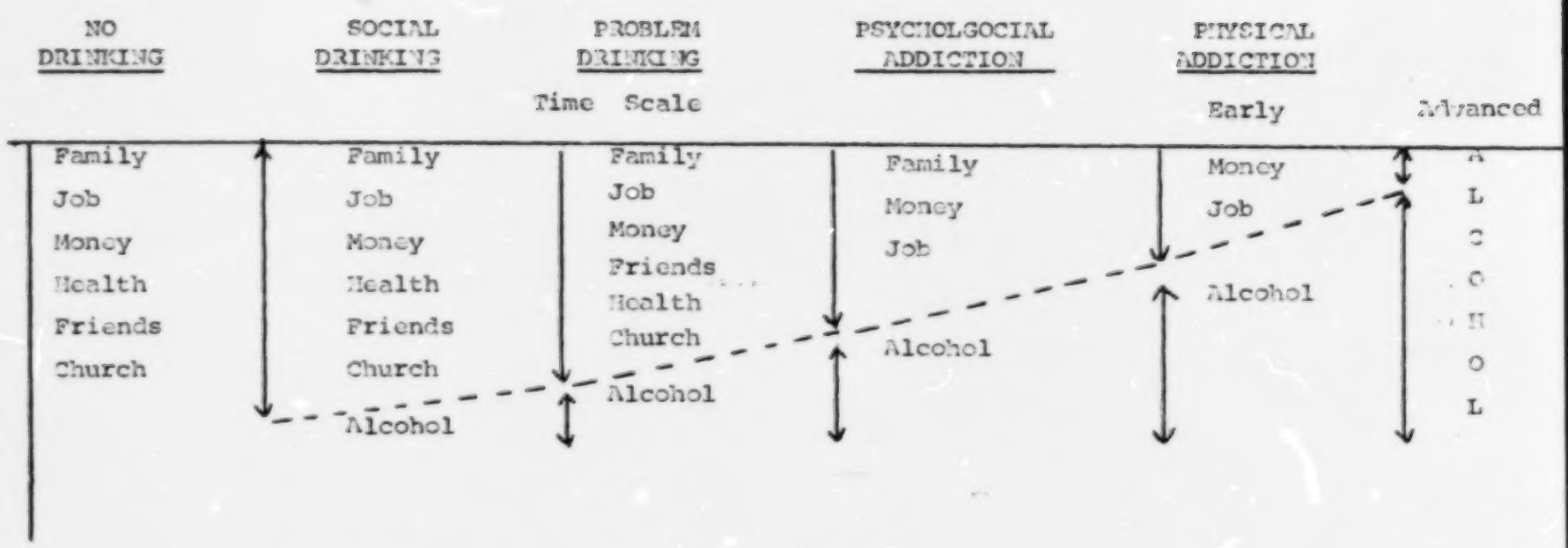
In this case, being forced into jail became a part of her treatment program and helped her in overcoming her addiction.

2. <u>Force or Coercion which Threatens a Person with the Loss of Something they Value</u>

<u>To understand how we can motivate people into treatment, we need to look at how addiction progresses from the standpoint of what the person values</u>.

If you would look at the "Drinking and Values" Chart on the next page.

DRINKING AND VALUES



In the case of Alcoholism,as the illness progresses from problem drinking to physical addiction, the corresponding values the person has, with respect to the value of alcohol in that person's life, changes dramatically.

Starting with the left side, we see that when a person doesn't drink alcohol, then the things that the person values can be everything in that person's life; for example, Family, Job, Money and so on. Alcohol is of no value, since the person does not drink.

Once a person drinks socially, then alcohol becomes a part of the total value system for that person and shares with the other things the person values. At that point however, alcohol is not a problem (unless someone believes it to be a problem) and other values are not threatened or lost usually.

If the person's use of alcohol progresses to the point where some value is being threatened, we can usually say that the person has become a problem drinker. Thus, if the person is spending too much money on booze, and the family is being deprived of things they need, then the money value is threatened and probably family fights start or have started by then. The family as a unit is starting to deteriorate and the family as a value has gone down.

Or looking at it the other way, as alcohol becomes a problem for the drinker, the use of alcohol has increased and the value of alcohol in that person's total value system has gone up. Other values at the same time have decreased somewhat. At this point, one or another of the things that the person has valued previously may in fact be lost or in danger of being lost. For example, a person who becomes a problem drinker is less likely to go to church and probably has lost some friends because of drinking episodes.

If the person again progresses to the point where they are psychologically addicted to alcohol (that is, its a conditioned response which they are unable to stop by themselves) then, the value of alcohol in that person's total value system has increased dramatically. Usually, by this time, there will have been loss of many values in that person's life. Usually, the last things to hang on or stay precariously in the value system are the family, money and the person's job, and for many, one or another of these may have been lost as well.

The job and money are usually the last and final values since they provide the means to satisfy the addiction.

Finally, as addiction progresses, the person becomes physically addicted and the body cells have so acclimatized to the presence of alcohol, that to not have alcohol causes severe withdrawal pains or DT's. At that time the person has really only one thing they value and that is alcohol because it now prevents pain to a degree.

Now to force a person into treatment, what we try to do is create a threat to the value system while the value itself is still of value. This may sound like double talk, but it isn't.

Let me give two examples and the most common ones we use in dealing with the problem of alcoholism.

In the first case, when a person has become a problem drinker, the place where that person's behaviour is first noticed as a problem is in the home. Thus a problem drinker could be spending too much on alcohol and the family is being deprived of some of the things it needs. Or the person's behaviour starts to be a problem; things that need to be done are neglected or forgotten, fights are started by either the drinker (who becomes aggressive and hostile when drunk) or by the spouse, who is being threatened, reacts out of fear, anger or hurt

to what the drinker is doing or threatens to do. Whatever the reasons are, that the person is overusing alcohol, the fact remains that the family as a unit notices the problem first and is affected by the results the most.

At this point in time, spouses usually get involved in all kinds of reactive or defensive behaviour, but, usually through one reason or another, very little progress is made. If the spouse (the non-drinker) comes to us, we usually ask them to bring in the problem drinker (by forcing the person directly through assertiveness). If the problem drinker does not respond or comes in but does not make an effort to change, we then suggest to the non-drinker that they use themselves as the motivation and threaten to leave the person unless the person makes an effort to enter treatment and even becomes successful.

We use two primary forms of treatment, one is by coming to our office for approximately five visits and the second is to enter a major treatment program where the person is an inpatient in a hospital setting for one month as in the Donwood Institute. In fact, we usually make it a conditional first part in our treatment, that if we can't succeed in helping the person to stop drinking (within the five visits) or reduce their drinking to an acceptable level, then they must agree to the major treatment program.

Usually, the threat by the non-drinker to leave works only if the non-drinker can become assertive enough. If the person continues to be a problem in their drinking, then we suggest that they actually pull out and leave the person, agreeing to consider coming back only if the person stops drinking and takes the treatment that we prescribe.

In cases where this has not worked, and the addicted person will not respond to any treatment program, it usually means that the person has reached the state of addiction that the only thing they really value is alcohol. Usually, the non-drinker then is better off in leaving and starting a new life on their own.

The other example of coercion is the one where the person's work has been affected by their drinking behaviour. In this case, the employer must insist that the person take treatment for their addiction or lose their job. I won't go into the details of how that happens and what guidelines are used, except that this is being done successfully in companies that have adopted these kinds of programs. Usually, they are referred to as "Constructive Coercion" or Mandatory Referral".

Another very important part of treatment and success when it comes to the illness of addiction, is that action needs to be taken as early as possible. Thus, if a problem is detected at the beginning, the chances of success are much higher. If we wait however, and initiate a treatment program when the person is physically addicted, our success at best is only around 10 to 15%. The same however, is true probably for Cancer and Heart Disease, except in those cases we do not have any difficulty in motivating a person into treatment. In the illness of Addiction, whether to drugs or alcohol, motivation becomes a completely different thing. On one hand we must become much more skilful at motivating people at the initial stages of the illness to enter the treatment program and on the other hand, since addiction also has social and psychological aspects, we must improve our methods of treatment. In any case, no one can be treated (no therapy or learning really works) until the person is sober and willing to stay sober.

Thus my expectations, in my office practice, are that the person must stop drinking or using drugs as the first order of therapy and that no real results can be expected unless this happens. Sometimes, to break the cycle, the person is hospitalized or put into a detox program. Then our treatment usually begins after they are free of drugs.

Myths About Alchholism which hurt:

There are some myths around the problem of alcoholism which have contributed greatly to preventing alcoholics from getting better. These myths are generally a part of AA program and also are understood to be true by many doctors who are deeply involved with alcoholics.

The first myth: "Unless a person is ready for treatment they won't respond to any form of help". Not true, as I've pointed out. Also we can help to make a person ready for treatment by applying the right kind of force. I'm even convinced that in many cases, a forced hospitalization (jail like) can work for many people who are in later stages of alcoholism and are unable to respond to any other type of treatment.

The second myth is "That the person has to hit the bottom before they can or will start to get better. Again, not true, in fact, if we wait for bottoms we become very unsuccessful. What we have to do in some cases is create a bottom and do it while we still have other values besides alcohol. The sooner again that a problem is detected the more we have to work with and the greater potential that factor has as a motivation.

Sometimes a false bottom is created by a happening in a person's life which is very threatening to what the person believes. An example of this is the person who has an accident while drinking and

driving and someone is very nearly killed. For some, this is against their basic life value, and they are shocked into giving up alcohol for the rest of their lives.

Final remarks:

I do not believe anyone with alcoholism is unretrievable, but that sometimes we don't have the knowledge, skill or permission to apply the correct motivation. In some cases, where a person keeps testing the system by even worse behaviour, hoping that somewhere, someone will stop them, and no one does, we lose them simply because we have not mastered some of the necessary motivational steps or are afraid to apply the necessary force. Our resources are often limited by the economics of the system, by the general feelings that surround the whole issue of addiction. Misunderstandings and lack of general knowledge of what really works on the part of those who control our society really prevent us from helping 30% of the population who are addicted. Thus for every 1,000 people in our population, 50 people approximately are addicted and of those 50, we are only helping 15 to recover.

I am not saying that we can achieve 100% success with addicted persons, but, I do believe that 30% is possible and that the results in dollars saved would more than pay for the expense involved in providing the correct treatment.